PTO/SB/17 (12-04v2)
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/606,358-Conf. #4535 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMITTAL June 26, 2003 Filing Date Naohiko KIKUCHI First Named Inventor For FY 2005 **Examiner Name** S. D. Maki 1733 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1403-0250P TOTAL AMOUNT OF PAYMENT 910.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify):

Deposit Account	int Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-	identified deposit a	account, the C	Director is he	ereby authorize	ed to: (check	k all that apply)		
I —	ee(s) indicated belo	•		ė,	•	icated below, ex	cept for t	he filing fee
Charge a	any additional fee(s	s) or underpay	yment of	x Credit	any overpay	yments	•	-
fee(s) un	nder 37 CFR 1.16 a	and 1.17				,		
FEE CALCULATIO								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		FILING FEES SEAR Small Entity		• • • • • • • • • • • • • • • • • • • •		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES							Small Entity
Fee Description							Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 (in							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims					Multiple Dependent Claims Feé (\$) Fee Paid (\$)			
	× _				<u>Feė (\$)</u>			<u>∌1</u>
Indep. Claims E	extra Claims Fo	ee (\$)	Fee Paic	d (\$)				_
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3. APPLICATION SIZE	FEE							
If the specification an	nd drawings exceed							
listings under 37 C					or small ent	tity) for each ad	Iditional 5	i0
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Total Sheets	Extra Sheets =			itional 50 or frac ound up to a who				Palu (4)
4. OTHER FEE(S)		/50	(uno up to a milo	ile number, A			Paid (\$)
Non-English Specif	fication. \$130 fee	e (no small er	ntity discour	ıt)				/ 1 W.W 14 1
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37							790.00	
1251 Extension for response within first month							120.00	

Signature Registration No. (Attorney/Agent) 22,463 Telephone (703) 205-8000

Name (Print/Type) Joseph A. Kolasch Date November 16, 2005